

## **Report on the conference on the National Drugs Strategy on 16 January 2014**

On 16 January 2014, the Department of Health hosted a half-day conference on the National Drugs Strategy for those in the government, statutory, community and voluntary sectors working in the drugs and alcohol field.

The objective of the conference was to assess how the partnership approach to the delivery of the National Drugs Strategy can be maintained and strengthened. The conference also provided a forum for participants to give their views on how Drug and Alcohol Task Forces can integrate alcohol into their work.

Tánaiste Eamon Gilmore TD and Minister of State Alex White TD addressed the conference. They were followed by Susan Scally, Head of Drug Policy Unit, Department of Health. Fergus McCabe of CityWide Drugs Crisis Campaign and Tony Duffin of Ana Liffey Drug Project (ALDP), representing the community and voluntary sectors, also addressed the conference.

Reaffirming the primacy of the National Drugs Strategy and the five ‘pillars’, Tánaiste Gilmore stressed the importance of maintaining the partnership approach in the face of emerging challenges, including prescription drugs and grow houses. He observed that alcohol and drug misuse are among the many risks that threaten Ireland’s future health and wellbeing, as well as its economic recovery. In this context, the conference was an important milestone in the collective effort to build a “Healthy Ireland”.

Minister White outlined the extensive review of the drugs task forces and the series of bilateral meetings with other government ministers, state agencies and the community and voluntary sectors on drugs and alcohol issues, which had just concluded. He highlighted the evidence that had emerged from these engagements of an absolute commitment to realising the core objectives across the five pillars of the National Drugs Strategy. He confirmed his intention to move ahead with implementing the recommendations arising from the review of drugs task forces, which he hoped would bring increased cohesion between the national structures and the drugs task forces. He described the work he had undertaken in his first year as Minister of State at the Department of Health, which had culminated in a package of measures to be included in the first-ever Public Health (Alcohol) Bill. These measures were approved by Government last October. The principal objective of the Public Health (Alcohol) Bill will be to reduce Ireland’s excessive patterns of alcohol consumption from the 2011 average of over 11 litres of pure alcohol per year consumed per-capita to the OECD average of 9.1 litres of alcohol by 2020. In his concluding remarks, he referred to the strong track record of the Task Forces in bringing key players in dealing with drug problems, and the need to find a way to deploy them more strategically in relation to alcohol, therefore building on strengths and utilising capacities within a broader field.

### **Supporting the Local Effort to Tackle the Drugs Problem**

Susan Scally of the Drugs Policy Unit in the Department of Health focused on the local effort to tackle the drugs problem in her presentation. She said that Government recognised that there is a need for Drugs Task Forces that can foster interagency and community based responses to tackling the drugs problem at the local level. However, the challenge is to ensure that Drugs Task Forces continue to remain relevant, effective and fit for purpose. It

was in this context, she said, that Government identified a need to carry out a review of Drugs Task Forces in 2011. Following a lengthy consultation process, Minister White announced a series of reforms in December 2012, designed to better equip the Task Forces in responding to the current pattern of substance misuse. The review recommended the establishment of a new National Coordinating Committee (NCC) for Drug and Alcohol Task Forces which would replace the Drugs Advisory Group, new terms of reference for Task Forces and strengthened accountability and feedback mechanisms between local and national structures. During 2013, Minister White conducted bilateral meetings with government departments, with statutory agencies, and with representatives of the community and voluntary sectors and the regional and local drugs task forces. The meetings indicated that a significant level of progress is being achieved across the five pillars of the Strategy. However, there are key strategic issues which need to be addressed. Some of the key issues which emerged include the challenge of new psychoactive substances, the needs of children living with parental substance misuse; support for children and young people at risk in high-support settings and the importance of rolling out the National Drugs Rehabilitation Framework.

[http://www.drugs.ie/multimedia/video/national\\_drugs\\_strategy\\_conference\\_dublin\\_castle](http://www.drugs.ie/multimedia/video/national_drugs_strategy_conference_dublin_castle)  
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Speaking on behalf of the community sector and reflecting on the last twenty or so years of drug policy implementation in Ireland, Fergus McCabe listed five things necessary to ensure effective policy implementation:

- political commitment with a special focus on disadvantage,
- effective cross-cutting and co-ordinating structures,
- equitable distribution of adequate resources,
- timely and relevant research and evaluation, and
- processes for real engagement involving all sectors.

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Tony Duffin of Ana Liffey Drug Project (ALDP) spoke on behalf of the National Voluntary Drug Sector (NVDS), the representative body of voluntary drug services across the state which engages with the drugs task force structures and processes. The NVDS has identified four key issues regarding the implementation of the National Drugs Strategy:

- *Lack of a national representative body to oversee implementation:* in principle, the newly established National Co-ordinating Committee will meet this need but to be effective it must be a real decision-making forum, with its powers clearly set out in its Terms of Reference.
- *Role of drugs task forces needs to be refocused and reconstituted:* the recent review addresses this need and a timeframe for implementing the recommendations needs to be put in place. Speaking from his own experience in ALDP, Mr. Duffin stressed that the issues around drugs are not new. There is a wealth of national and international evidence in relation to 'what works' and that this is what we need to focus on. Similarly,

he noted that services need to be effective, with decisions transparent and decision makers accountable.

- *Alcohol*: what existing budget is there for alcohol and what budget will be transferred for the implementation of the combined drug and alcohol strategy? Mr. Duffin pointed out that the health costs of alcohol use far exceed tax receipts from the drinks industry. Also, what role is envisaged for the voluntary sector with regard to alcohol? Mr. Duffin pointed out that merging drug and alcohol policies will mean treatment options, including residential services, will have to be enhanced to ensure polydrug users are not excluded.
- *Funding*: the cuts in funding since 2008 have resulted in services being cut and this has had a real impact on service users. Services are 'moving backwards', for example, at ALDP much of the progress made over the last 15 years is being lost.
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After coffee the conference heard four “flash” presentations on incorporating alcohol in prevention work. Presentations were made by Anne Timoney, Community Action on Alcohol, Hugh Greaves, Ballymun Local Drugs Task Force, Evelyn Fanning, HSE West and Ian Power of Spunout.ie. These presentations informed deliberations during the workshop session.

[http://www.drugs.ie/multimedia/video/national\\_drugs\\_strategy\\_conference\\_dublin\\_castle](http://www.drugs.ie/multimedia/video/national_drugs_strategy_conference_dublin_castle)

### **Promoting community engagement in addressing alcohol issues**

Community action seeks to change collective rather than individual behaviour. Because it impacts on the environment, it is a universal intervention. Mobilising a community to action on alcohol effectively anchors and maximises the work by actively involving local groups and exploiting existing networks. Anne Timoney of Community Action on Alcohol outlined the process, from introducing the concept to developing the action plan, implementing and evaluating.

[www.alcoholforum.org](http://www.alcoholforum.org)

### **Ballymun community alcohol strategy**

*A road to change: Ballymun Community Alcohol Strategy 2010–2016* aims to use a public health approach to reduce alcohol-related risk to the Ballymun community's health, safety and well-being. Hugh Greaves, co-ordinator of the Ballymun LDTF, outlined the process whereby the strategy was developed, the principles underpinning the approach, and the contents – 41 actions across six pillars:

1. Supply reduction, availability and enforcement
2. Community awareness
3. Treatment and rehabilitation
4. Prevention and education

5. Harm reduction
6. Policy and research

[www.ballymunlocaldrugtaskforce.ie/communityalcoholstrategy](http://www.ballymunlocaldrugtaskforce.ie/communityalcoholstrategy)

### **Galway City alcohol strategy**

The *Galway City strategy to prevent and reduce alcohol-related harm 2013–2017* focuses on four key areas – prevention; supply, access and availability; screening, treatment and support services; and research, monitoring and evaluation – and includes 40 associated actions. An annual action plan is developed, including commitments from a range of partners, groups and organisations for each proposed action, and, at the end of the year, a progress report is compiled. Among the achievements to date, Evelyn Fanning of HSE West highlighted increased public awareness of the issues, improved information and understanding of alcohol availability and advertising, and patterns of alcohol-related harm, and responses that have begun to have an effect on the level of alcohol-related problems.

[www.galwayalcoholstrategy.ie](http://www.galwayalcoholstrategy.ie)

### **Hello Sunday Morning (HSM) initiative**

HSM is a blogging website that encourages people to undertake a period of sobriety and reflect on the role alcohol plays in their life. Bloggers or ‘HSMers’ come from several countries but are predominantly Australians. They write blog posts, make videos and take pictures of their experiences as part of their participation. Ian Power of Spunout.ie described a study that aimed to conceptualise and evaluate the social impact of HSM. Analysis of the blog posts of 1,768 HSMers showed that over time they changed from being very self-focused, considering their own drinking and the views of peers, to reflecting on the role of alcohol in their lives, to finally taking a broader view of the role of alcohol in society and ways to help and support others in their personal HSM experiences. During the pilot; 32,000 Irish people visited the website, 1,205 signed up to take a break, 97% completed the break and, on average, participants AUDIT (Alcohol Use Disorders Identification Test) scores fall from 14 (hazardous) to 7.5 (moderate/fine) post HSM.

[www.hellosundaymorning.org](http://www.hellosundaymorning.org)

Mr Paul Barron, Assistant Secretary, Department of Health chaired the workshop session of the conference which focused on how Drug and Alcohol Task Forces could have an impact on changing positively Ireland’s relationship with alcohol. Mr Barron asked the conference participants to focus on the following three questions:

1. What are the key objectives that should guide our response to the misuse of alcohol in the community?
2. What skills, insight and experience can the Drugs Task Forces bring to this work?
3. What are the outcomes that you would like to see for your community from this work?

Mr Barron invited feedback from a few tables at random. However, the contributions from each table have been written up. The following represents a synopsis of the contributions made under the three headings.

**1. Key objectives guiding our response to the misuse of alcohol in the community?**

1. Identification of needs/gaps and specific local issues through assessing/measuring the extent of the problem, e.g. local prevalence surveys, public order offences, public health issues (pregnancy etc.), density of alcohol related outlets, opening hours of pubs/off-licences, rural issues (isolation of individuals and home drinking), effects on family.
2. Raising public awareness of alcohol related harms (including long term effects), laws, own drinking habits, cultural norms, pressures on young people to drink and treatment options;
3. Tackling vested interests and challenging situations which can promote a drinking culture or facilitate harmful drinking e.g. Halloween celebrations, sporting events, music festivals.
4. Importance of early intervention with children so that they understand the health effects of alcohol misuse;
5. Developing a detailed strategy which considers needs of under 18's and over 18's separately.
6. Extend membership of Task Forces e.g. by including homeless services (wet hostels), representation from Vintners or linkages with those involved in the promotion of events which have association with alcohol;
7. Need for a different response to alcohol as part of poly-drug use than is appropriate for the broader population of people who have alcohol problems.
8. Alternative activities which encourage positive healthy behaviours, in conjunction with youth sector.
9. Target women, young people and poly-drug users using alcohol.
10. Provision of brief intervention training (e.g. the SAOR model) to GPs, pharmacies, teachers etc.

## **2. What skills, insight and experience can the Drugs Task Force bring to this work?**

1. Extensive drugs task force infrastructure, networks and connections and understanding that drugs task forces cannot work alone.
2. Experience of planning and developing multi-agency strategies and partnerships which promote collective action.
3. Knowledge, experience and skills in relation to the issue of addiction.
4. Local knowledge and intelligence.
5. Understanding the issue of stigma which can be a barrier to engaging in addiction services.
6. Capacity to champion and/or facilitate and local initiatives and then evaluate them.
7. Capacity to mobilise and build support in communities and to promote attitudinal/cultural changes, in particular, where there is ambivalence in relation to alcohol, which is still not considered a drug.
8. Well-placed to identify gaps in services and developing initiatives or advocating for resources to bridge those gaps.
9. Role in raising awareness and developing education programmes.
10. Experience in making referrals and linking clients to services.

## **3. What are the outcomes you would like to see for your community from this work?**

1. A cultural shift in attitudes towards alcohol in Ireland.
2. Reduction of overall consumption of alcohol.
3. Reduction in alcohol-related harm to individuals, families and communities;
4. Reduction in alcohol related public order problems.
5. Reduction in alcohol outlets.

6. Healthier society, improved health and well-being, improved mental health.
7. Better quality of life e.g. Hello Sunday Morning initiative (parents in playgrounds not in hangovers).
8. Appropriate interventions for different people according to their needs.
9. Better treatment facilities and proper funding for treatment for people with addiction problems.
10. Comprehensive response to alcohol without losing focus on disadvantage.

## **Conclusion**

Concluding the session, Minister White thanked everybody for their participation in the event and encouraged all who wished to feed back comments from the workshop session to submit them to the Department. He emphasised the importance of the National Drugs Strategy and the need to continue to prioritise resources in this area and to protect budgets as far as possible. He agreed that a strong national structure to drive implementation of the National Drugs Strategy at the local level was a necessity. The Minister was firmly of the view that the National Coordinating Committee should work effectively in this regard, provided that relevant government departments, agencies and sectors pulled together and made a collective effort to participate. He said that it was his firm intention that the drugs taskforces should become drug and alcohol taskforces, but did not wish to be overly prescriptive in relation to how this would be done. He acknowledged that a different approach was likely to be needed in relation to alcohol than drugs. He suggested that the approach will build on the experience people have in relation to addressing the drug problem, but may involve working together with other agencies and groups on a broader canvas, along the lines of the Galway City Strategy or to feature an initiative based approach, such as the “Hello Sunday Morning” initiative promoted by Spunout.ie. He said that he would look forward to the drugs task forces elaborating their plans and ideas as to how they can integrate into their work the alcohol agenda. He concluded by thanking Susan Scally and her team, Paul Barron, Assistant Secretary for chairing the conference, and Elaine Scanlon for her work in organising the event.

**ENDS**